

Minutes of the meeting of the Quality and Patient Safety Committee of the Board of Directors of the Cook County Health and Hospitals System held Friday, March 22, 2019 at the hour of 10:30 A.M. at 1950 W. Polk Street, in Conference Room 5301, Chicago, Illinois.

I. Attendance/Call to Order

Chair Gugenheim called the meeting to order.

Present: Chair Ada Mary Gugenheim and Directors Mary Driscoll, RN, MPH and Layla P. Suleiman Gonzalez, PhD, JD (3)

Board Chair M. Hill Hammock (ex-officio) and Director Mike Koetting

Patrick T. Driscoll, Jr. and Patricia Merryweather (Non-Director Members)

Absent: Director Heather M. Prendergast, MD, MS, MPH (1)

Additional attendees and/or presenters were:

Faran Bokhari, MD – Chair, Department of Trauma and Burn Services

Debra Carey – Deputy Chief Executive Officer of Operations

Claudia Fegan, MD – Chief Medical Officer

Trevor Lewis, MD – John H. Stroger, Jr. Hospital of Cook County

Beena Peters, DNP, RN, FACHE – Chief Nursing Officer

Kent Ray –Associate General Counsel

Deborah Santana – Secretary to the Board

John Jay Shannon, MD – Chief Executive Officer

Ronald Wyatt, MD – Chief Quality Officer

II. Public Speakers

Chair Gugenheim asked the Secretary to call upon the registered public speakers.

The Secretary responded that there were none present.

III. Report from Chief Quality Officer

A. Regulatory and Accreditation Updates (Attachment #1)

Dr. Ronald Wyatt, Chief Quality Officer, provided an overview of the Provident Hospital Accreditation Update, which included information on the subjects below. The Committee reviewed and discussed the information.

Provident Hospital Accreditation Update:

- 2019 Ambulatory Accreditation and Continuous Readiness Strategy
- The Joint Commission (TJC) Survey Readiness Strategy
- Survey Readiness Tools
- Survey Enhancements
- Suicide Prevention
- TJC Survey Updates
- Sentinel Event Alerts
- Quick Safety Alerts
- Standard Changes – Effective July 1, 2019

III. Report from Chief Quality Officer (continued)

B. Metrics (Attachment #2)

Dr. Wyatt provided an overview of the metrics. The Committee reviewed and discussed the information.

IV. Recommendations, Discussion/Information Item

A. Update on Trauma Services (Attachment #3)

Dr. Faran Bokhari, Chair of the Department of Trauma and Burn Services, provided an overview of the presentation on Trauma Services, which included information on the following items:

- Department Divisions and Sections
- Initiatives 2018
- Trauma Services: Volume and Method of Injury
- Parameters Tracked
- Trauma Metrics
- Burn Services 2018
- Rehabilitation Services
- Research and Presentations
- Initiatives 2019

V. Action Items

A. Approve appointments and reappointments of Stroger Hospital Department Chair(s) and Division Chair(s)

There were none presented for the Committee's consideration.

B. Executive Medical Staff (EMS) Committees of Provident Hospital of Cook County and John H. Stroger, Jr. Hospital of Cook County

- i. Receive reports from EMS Presidents
- ii. Approve Medical Staff Appointments/Reappointments/Changes (Attachment #4)

Dr. Trevor Lewis, President of the EMS of John H. Stroger, Jr. Hospital of Cook County, provided his report.

Elections of EMS officers were recently held for two (2) year terms. The results were:

President - Dr. Trevor Lewis, Department of Trauma and Burn Services

Vice President - Dr. Lauren Smith, Department of Medicine

Treasurer - Dr. Ashlesha Patel, Department of Obstetrics and Gynecology

Secretary - Dr. Yadav Neha, Department of Medicine, Division of Cardiology

V. Action Items

B. Executive Medical Staff (EMS) Committees of Provident Hospital of Cook County and John H. Stroger, Jr. Hospital of Cook County (continued)

At the recent EMS meeting, they received presentations from Pharmacy, Therapeutics, Infection Control and the Cancer Committee. He noted that the Joint Conference Committee will be convening in the near future.

Director Driscoll, seconded by Director Suleiman Gonzalez, moved to approve the Medical Staff Appointments/Re-appointments/Changes for John H. Stroger, Jr. Hospital of Cook County. THE MOTION CARRIED UNANIMOUSLY.

Dr. Valerie Hansbrough, President of the EMS of Provident Hospital of Cook County, was unable to attend the meeting. The Committee considered the proposed Provident Hospital medical staff actions presented for their consideration.

Director Driscoll, seconded by Director Suleiman Gonzalez, moved to approve the Medical Staff Appointments/Re-appointments/Changes for Provident Hospital of Cook County. THE MOTION CARRIED UNANIMOUSLY.

C. Minutes of the Quality and Patient Safety Committee Meeting, February 22, 2019

Director Driscoll, seconded by Director Suleiman Gonzalez, moved to accept the Minutes of the Quality and Patient Safety Committee Meeting of February 22, 2019. THE MOTION CARRIED UNANIMOUSLY.

D. Any items listed under Sections V and VI

VI. Closed Meeting Items

- A. Medical Staff Appointments/Re-appointments/Changes**
- B. Claims, Litigation and Quality and Patient Safety Matters**
- C. Matters protected under the federal Patient Safety and Quality Improvement Act of 2005 and the Health Insurance Portability and Accountability Act of 1996**

The Committee did not recess into a closed meeting.

VII. Adjourn

As the agenda was exhausted, Chair Gugenheim declared the meeting ADJOURNED.

Minutes of the Meeting of the Quality and Patient Safety Committee

Friday, March 22, 2019

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Respectfully submitted,
Quality and Patient Safety Committee of the
Board of Directors of the
Cook County Health and Hospitals System

XXXXXXXXXXXXXXXXXXXXXX

Ada Mary Gugenheim, Chair

Attest:

XXXXXXXXXXXXXXXXXXXXXX

Deborah Santana, Secretary

There were no requests for follow-up at the meeting.

Cook County Health and Hospitals System
Quality and Patient Safety Committee Meeting
Friday, March 22, 2019

ATTACHMENT #1

Provident Accreditation Update

Ronald Wyatt, MD MHA

Chief Quality Officer

March 22, 2019





2019 CCH Ambulatory at Provident Hospital Accreditation Continuous Readiness Strategy

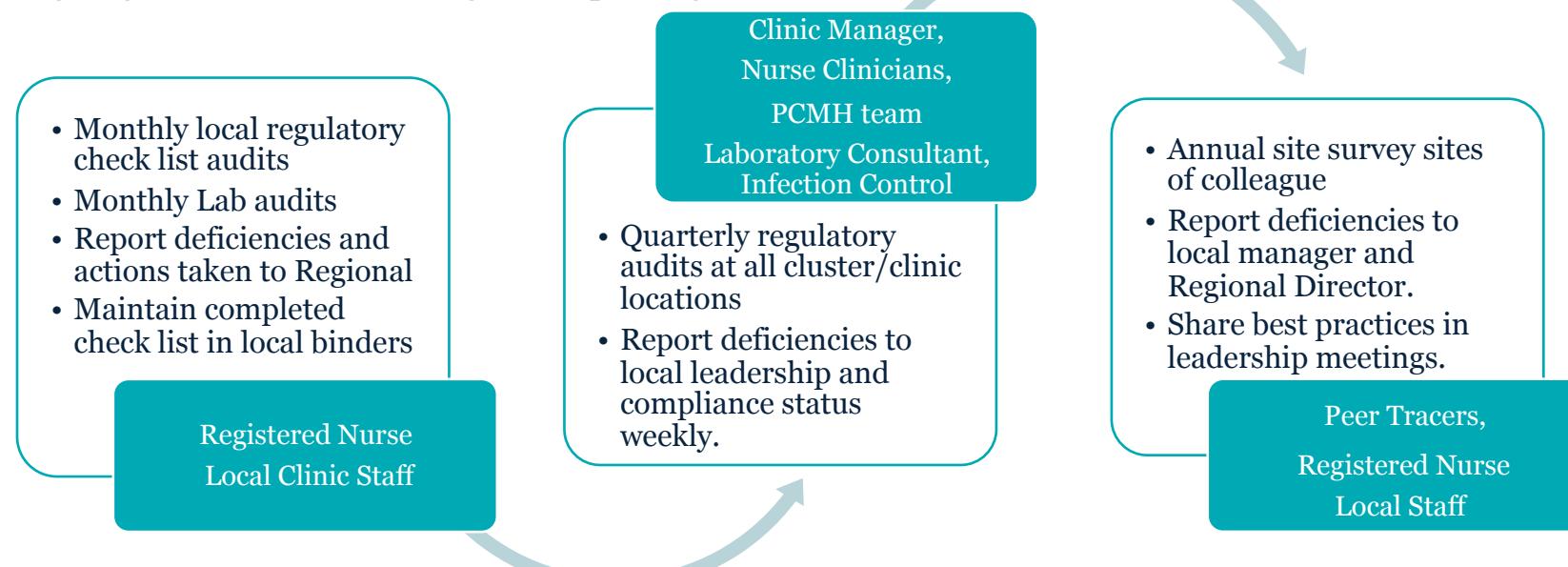
Mar 22, 2019



2019 Ambulatory Accreditation & Continuous Readiness Strategy

1. Establish Clinic Site Tracer Collaborative with Leadership and Staff

- Assess accreditation compliance with regulatory standards using Local staff, Clinic Manager, leadership and peer cross checks.
- Communicate findings, resolutions and best practices in leadership meetings.
- Institute an ongoing readiness monitoring and reporting schedule.



2. Annual/ Bi-Annual Human Resources File Tracer

- Site Orientation
- Competency (Infection Control, Laboratory, Medication Management)
- Licensure and Certification validation

3. Biannual Oversight Tracers

- Quality Team , EOC Rounds (Safety, Infection Control, Facilities, Pharmacy), Associate Nurse Exec./ Nursing Director



2019 Provident Hospital Accreditation Continuous Readiness Strategy



TJC Survey Readiness Strategy

- 1. Revisit the Previous Survey Findings**
- 2. Review Most Frequently Cited Standard**

- 3. Learning Organizational approach (review Stroger findings/lessons)**
- 4. Identify New Focus Areas**

Survey Enhancements (suicide prevention, dialysis, medication compounding and high level disinfection)

Culture of Safety Questions

- 5. Hardwire New Services**

Dialysis

Critical Care and Prolonged Ventilation Services

Sleep Lab



Survey Readiness Strategy Cont'd

6. Conducting Regulatory Tracers

- *Individual Tracers* - trace a patient through the organization.
- *System Tracers* - trace a specific program, i.e. infection control or medication management.
- *Program Specific* - trace a specific clinical department or high risk, high volume process/procedure.

7. Workforce Interviews and Training

8. Physical Environment Risk Assessments

9. Policies/Procedures Review and Updating

10. Include Joint Commission readiness agenda items in department meetings

11. Disseminate information to the workforce

Survey Readiness Tools

1. TJC Regulatory Standards
2. TJC Regulatory Compliance reports
3. Provident Joint Commission Regulatory Guide
4. Survey readiness tips/updates
5. Regulatory Checklist



Survey Enhancements



TJC Survey Enhancements

Purpose: Survey prep, reduce risk and prevent adverse events.

- I. Suicide Prevention
- II. High Level Disinfection
- III. Sterile Medication Compounding
- IV. Dialysis



4-1-1 on Survey Enhancements

Suicide Prevention

I. Addressing Ligature Risks (Risk assessment)

- A. Patient rooms
- B. Patient bathrooms
- C. Protocol for removing objects

II. Screening and Assessments

- A. General screening
- B. Detailed screening when necessary

III. Additional requirements

- A. 1:1 Direct observation or “Line of Sight”
- B. Education and training for staff observing patients
- C. Educating visitors
- D. Monitoring bathroom use
- E. Monitoring visitors



TJC Survey Updates



Sentinel Event Alerts

- **#60 Developing a Reporting Culture**
 - Establish trust that corrective action will be taken
 - Remove fear of unwarranted punitive action
 - Near misses identify potential weaknesses in the system
- **#47 Radiation risks of diagnostic imaging and fluoroscopy- Updated**
 - Eliminating avoidable radiation exposure
 - Original release was August 2011
 - References to fluoroscopy, staff education and the need for a Radiation Safety Officer

Quick Safety Alerts

- Protecting patients and others from influenza in the health care environment
- De-escalation in health care
- Accurate Patient Identification (Information gathering and matching)



Standard changes- Effective July 1, 2019

Provision of Care

PC.03.01.01- EP#5- A registered nurse supervises peri-operative nursing care.

- Supervision of staff performing circulatory duties during surgery

National Patient Safety Goal

NPSG.03.05.01- Anticoagulation Therapy

NPSG.15.01.01- Reduce the risk for suicide

- 1:1 monitoring of patients
- Removing objects that can be removed
- Assessing objects introduced by visitors
- Use safe transportation procedures

Thank you.



Cook County Health and Hospitals System
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ATTACHMENT #2



QPS Quality Dashboard

March 22, 2019



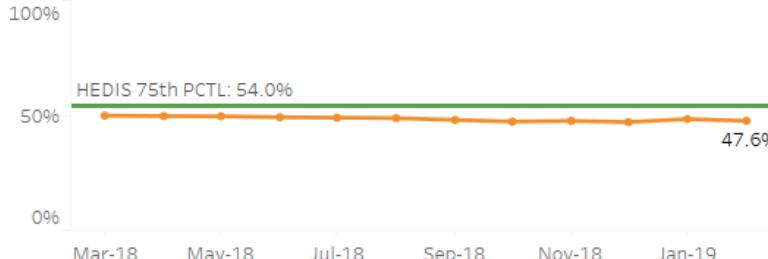


COOK COUNTY HEALTH

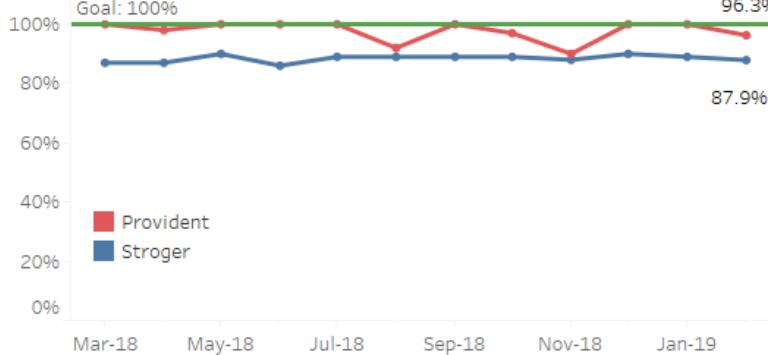
Quality
Dashboard
March 22, 2019

Health Outcomes

HEDIS - Diabetes Management: HbA1c < 8%



Core Measure - Venous Thromboembolism (VTE) Prevention

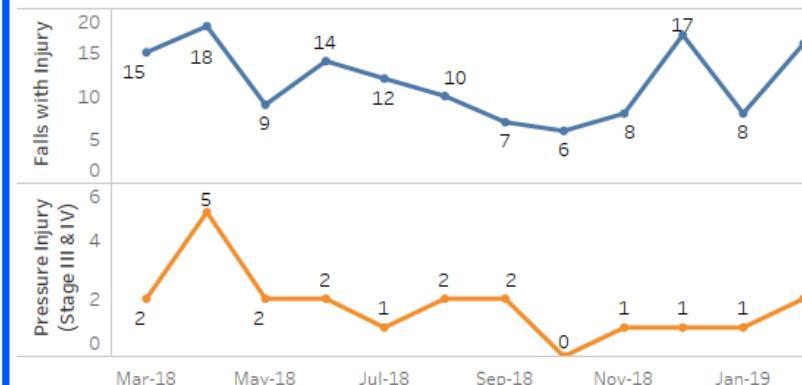


30 Day Readmission Rate

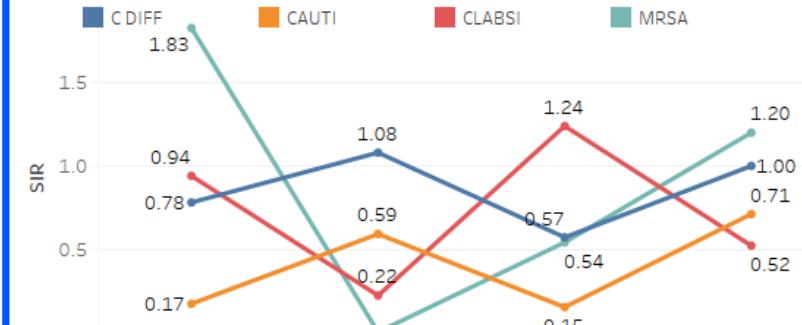


Patient Safety

Hospital Acquired Conditions



Hospital Acquired Infections

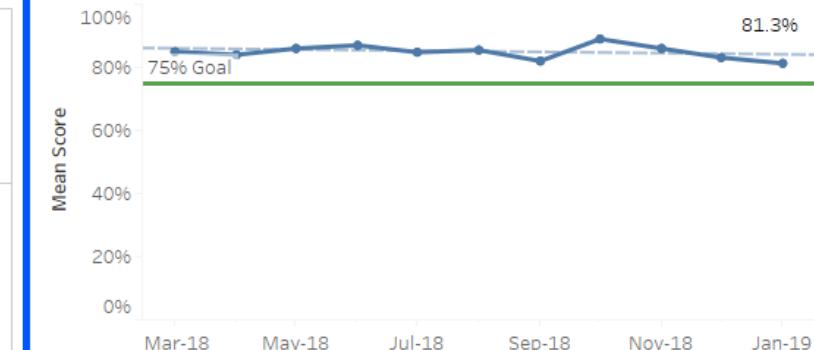


SIR (Standardized Infection Ratio) is a summary measure which compares the actual number of Healthcare Associated Infections (HAI) in a facility with the baseline data for standard population. SIR > 1.0 indicates more HAIs were observed than predicted, conversely SIR of < 1.0 indicates that fewer HAIs were observed than predicted.

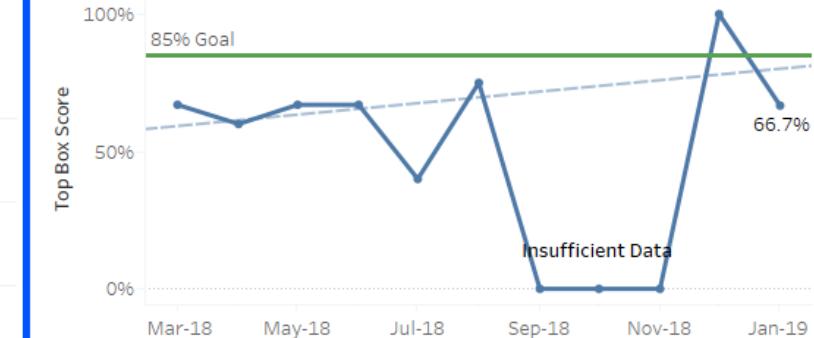
| | Mar-18 | Apr-18 | May-18 | Jun-18 | Jul-18 | Aug-18 | Sep-18 | Oct-18 | Nov-18 | Dec-18 | Jan-19 | Feb-19 |
|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| CDIFF | 2 | 6 | 11 | 4 | 5 | 4 | 2 | 10 | 4 | 4 | 6 | 2 |
| CAUTI | 1 | 1 | 2 | 1 | 0 | 1 | 0 | 0 | 1 | 3 | 1 | 1 |
| CLABSI | 1 | 0 | 1 | 0 | 2 | 3 | 0 | 0 | 0 | 2 | 1 | 0 |
| MRSA | 1 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 0 | 1 | 0 |

Utilization

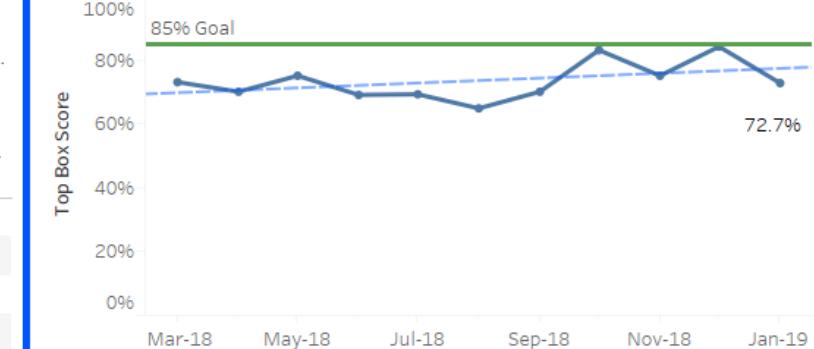
CCHC--Overall Clinic Assessment



Provident--Willingness to Recommend Hospital

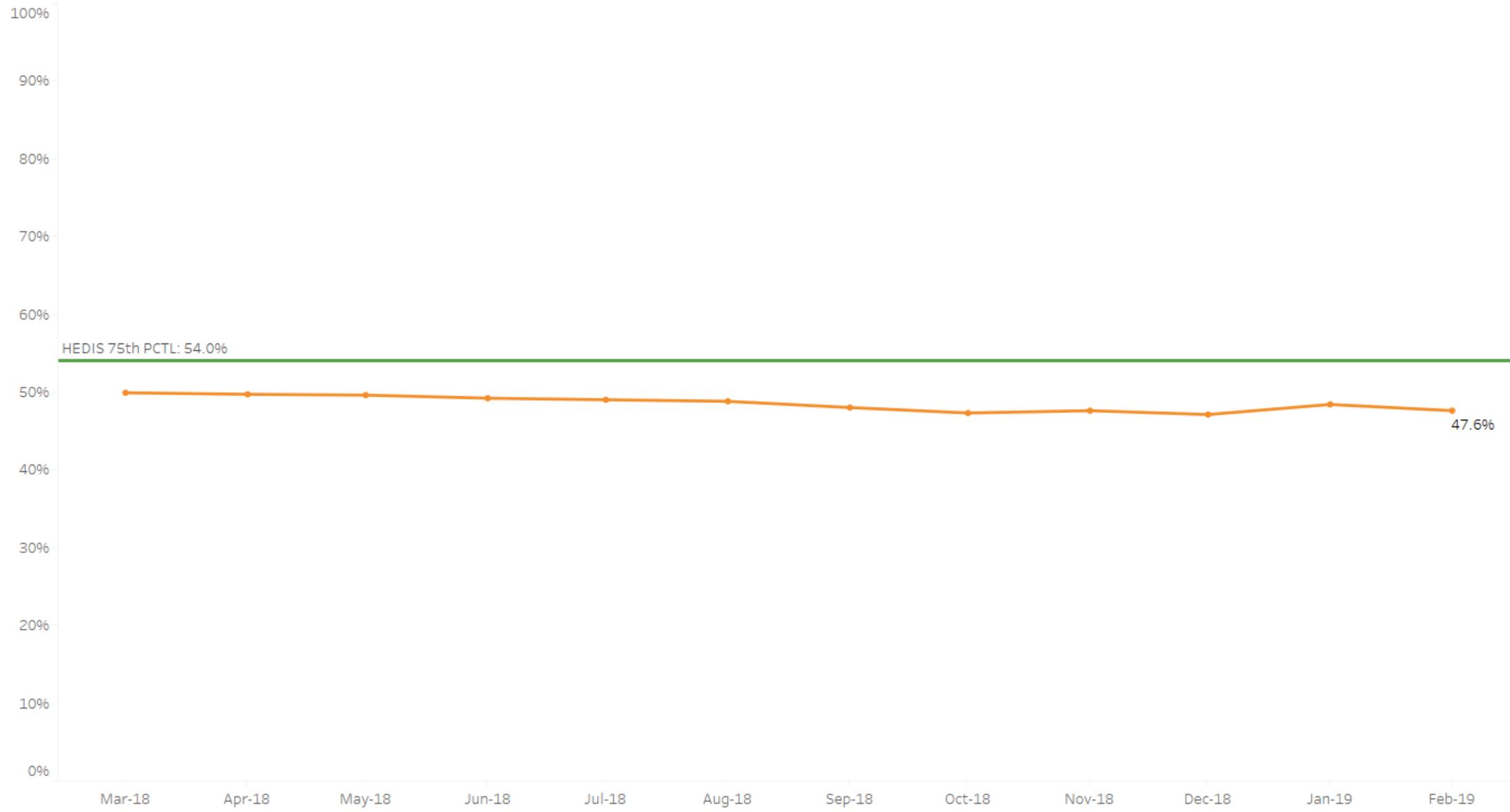


Stroger--Willingness to Recommend Hospital

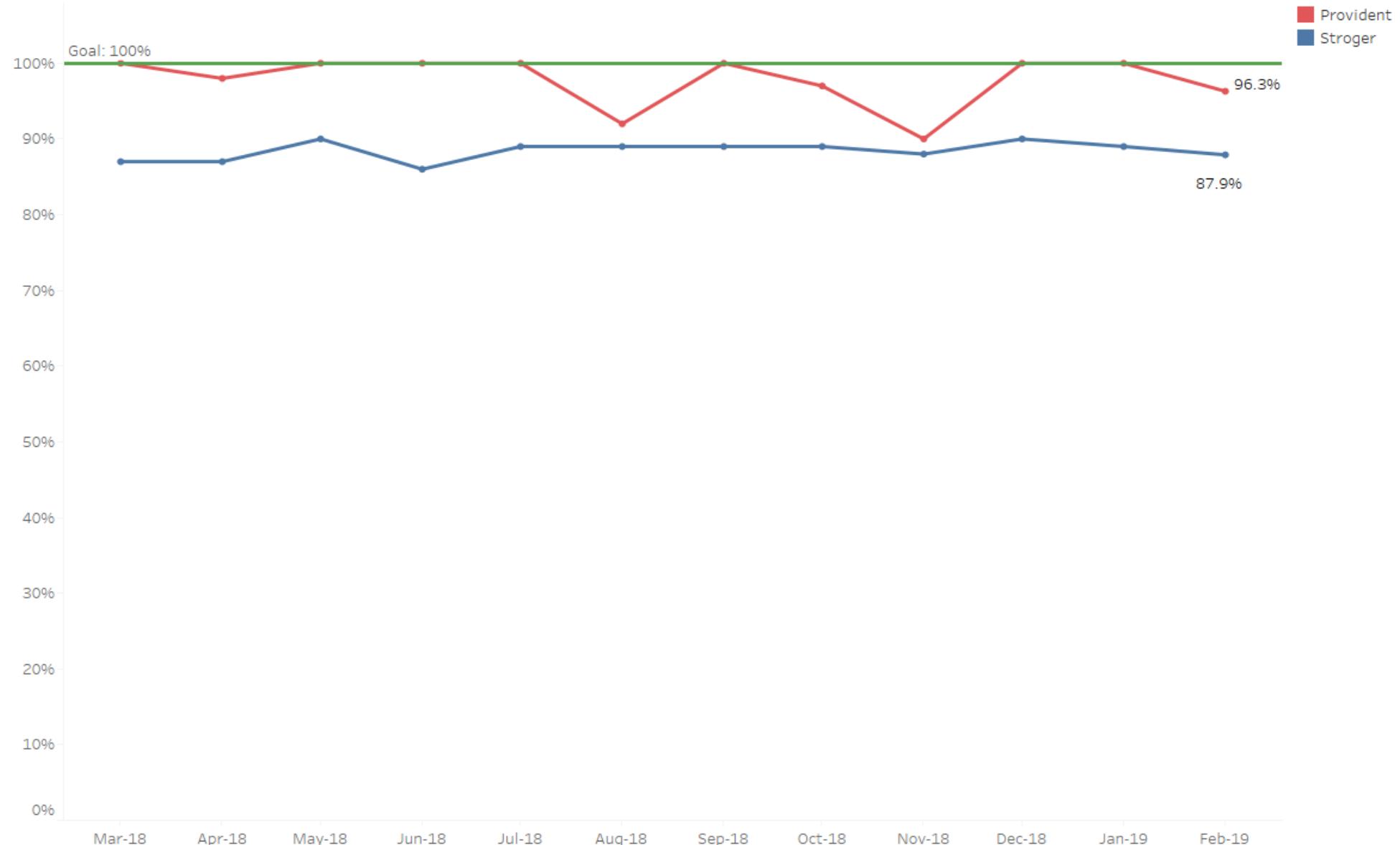


COOK COUNTY
HEALTH

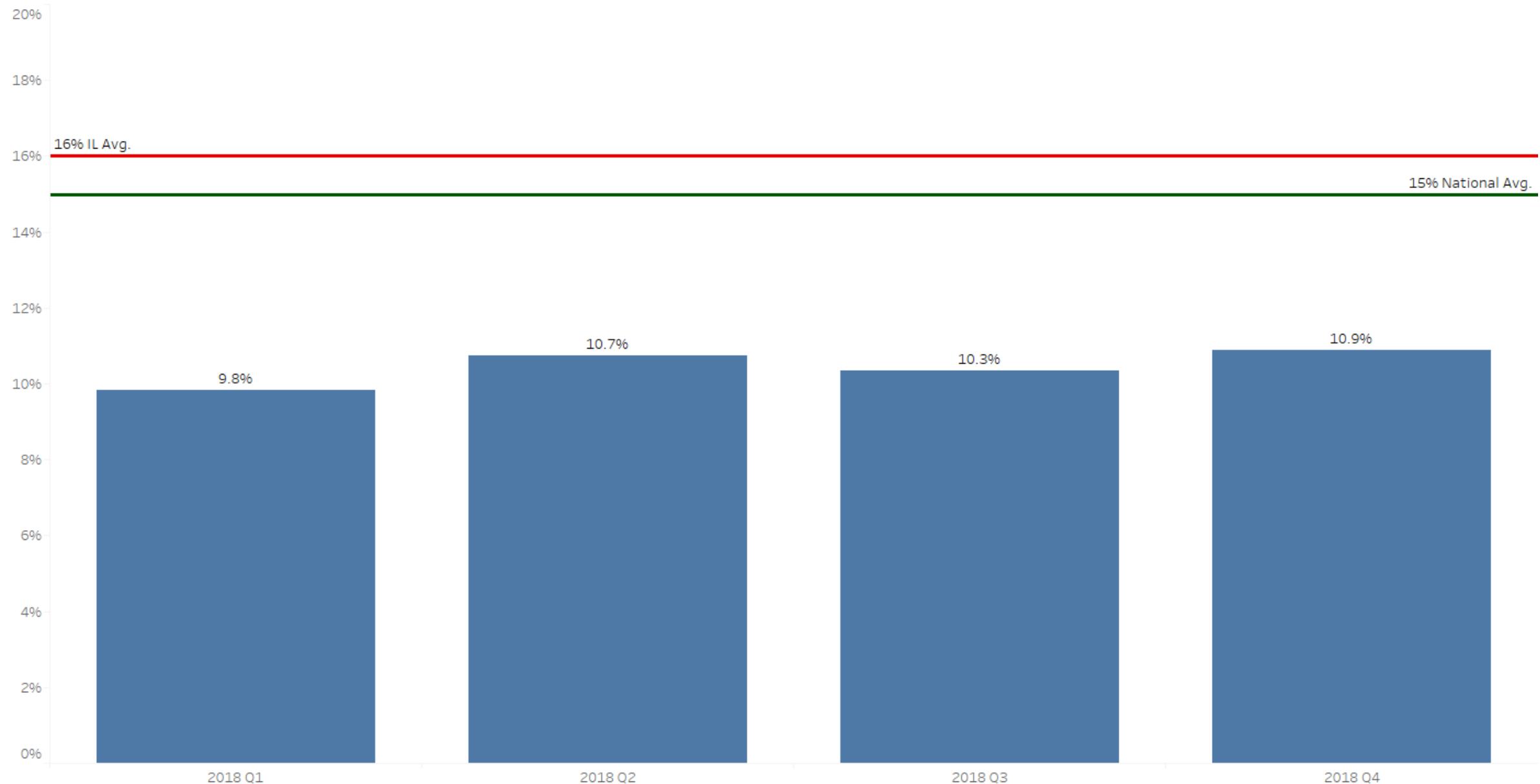
HEDIS - Diabetes Management: HbA1c < 8%



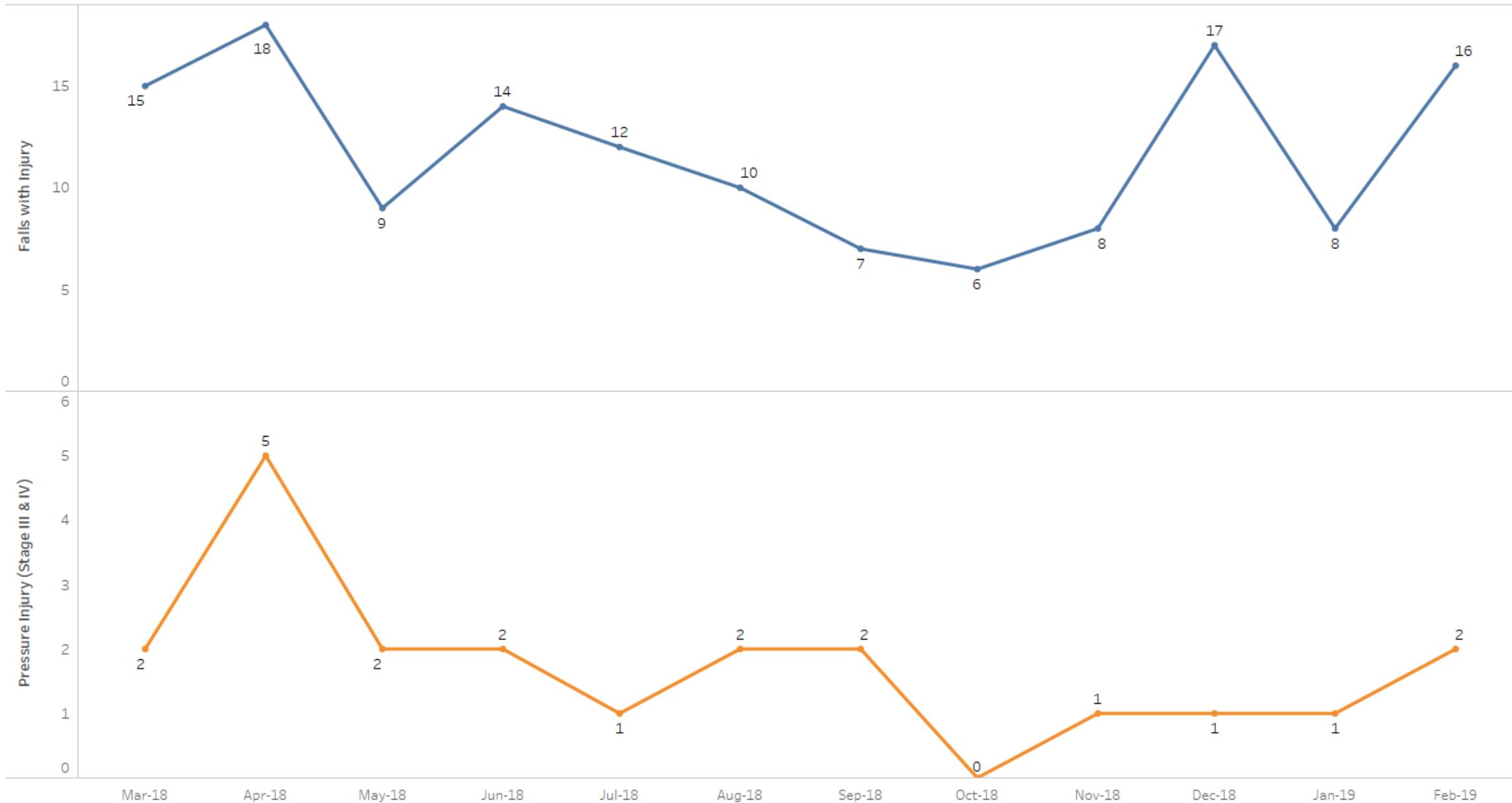
Core Measure - Venous Thromboembolism (VTE) Prevention



30 Day Readmission Rate



Hospital Acquired Conditions





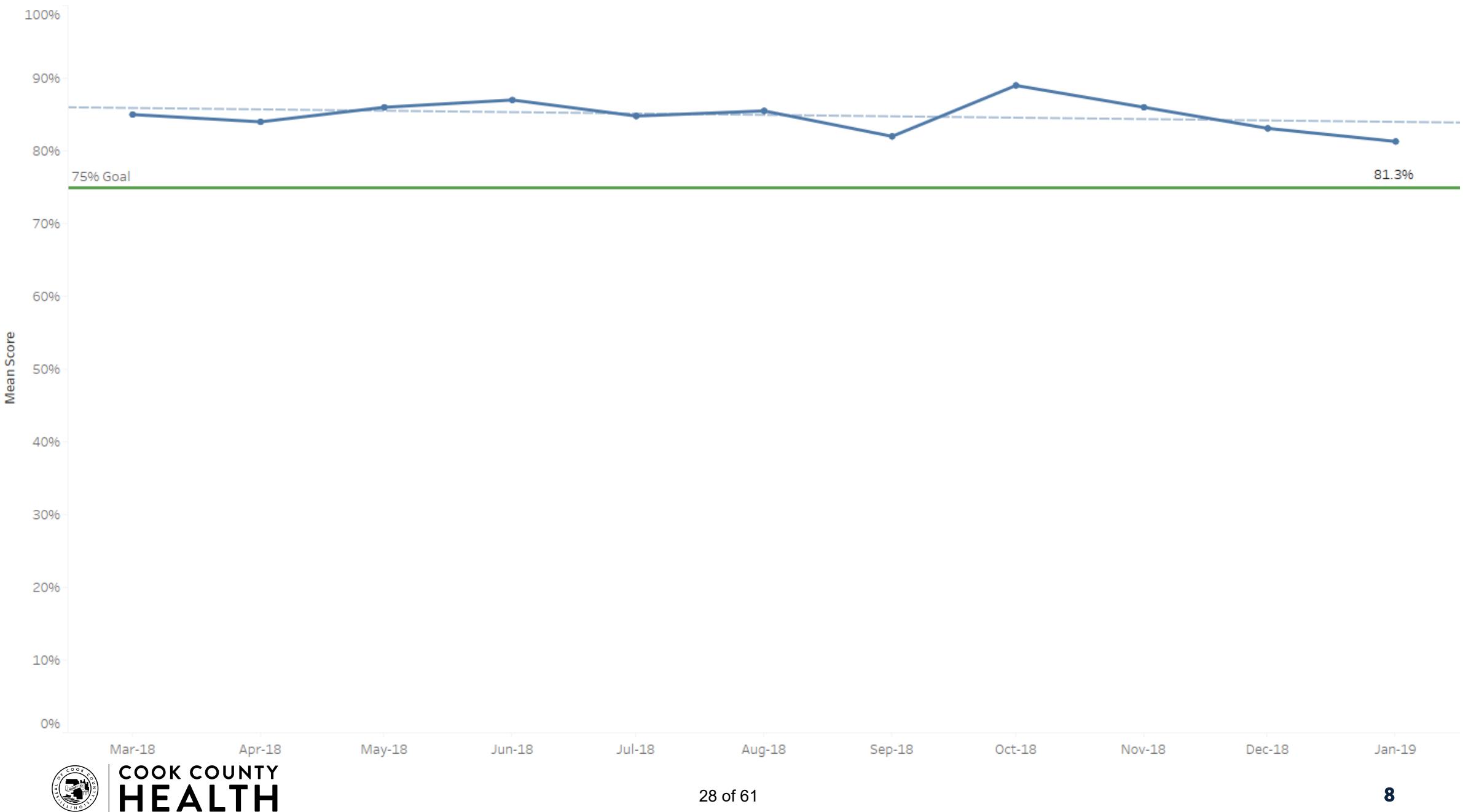
█ C DIFF
█ CAUTI
█ CLABSI
█ MRSA

| Hospital Acquired Infections | | | | | | | | | | | | |
|------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| | Mar-18 | Apr-18 | May-18 | Jun-18 | Jul-18 | Aug-18 | Sep-18 | Oct-18 | Nov-18 | Dec-18 | Jan-19 | Feb-19 |
| C DIFF | 2 | 6 | 11 | 4 | 5 | 4 | 2 | 10 | 4 | 4 | 6 | 2 |
| CAUTI | 1 | 1 | 2 | 1 | 0 | 1 | 0 | 0 | 1 | 3 | 1 | 1 |
| CLABSI | 1 | 0 | 1 | 0 | 2 | 3 | 0 | 0 | 0 | 2 | 1 | 0 |
| MRSA | 1 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 0 | 1 | 0 |

SIR (Standardized Infection Ratio) is a summary measure which compares the actual number of Healthcare Associated Infections (HAI) in a facility with the baseline data for standard population. SIR > 1.0 indicates more HAIs were observed than predicted, conversely SIR of < 1.0 indicates that fewer HAIs were observed than predicted.

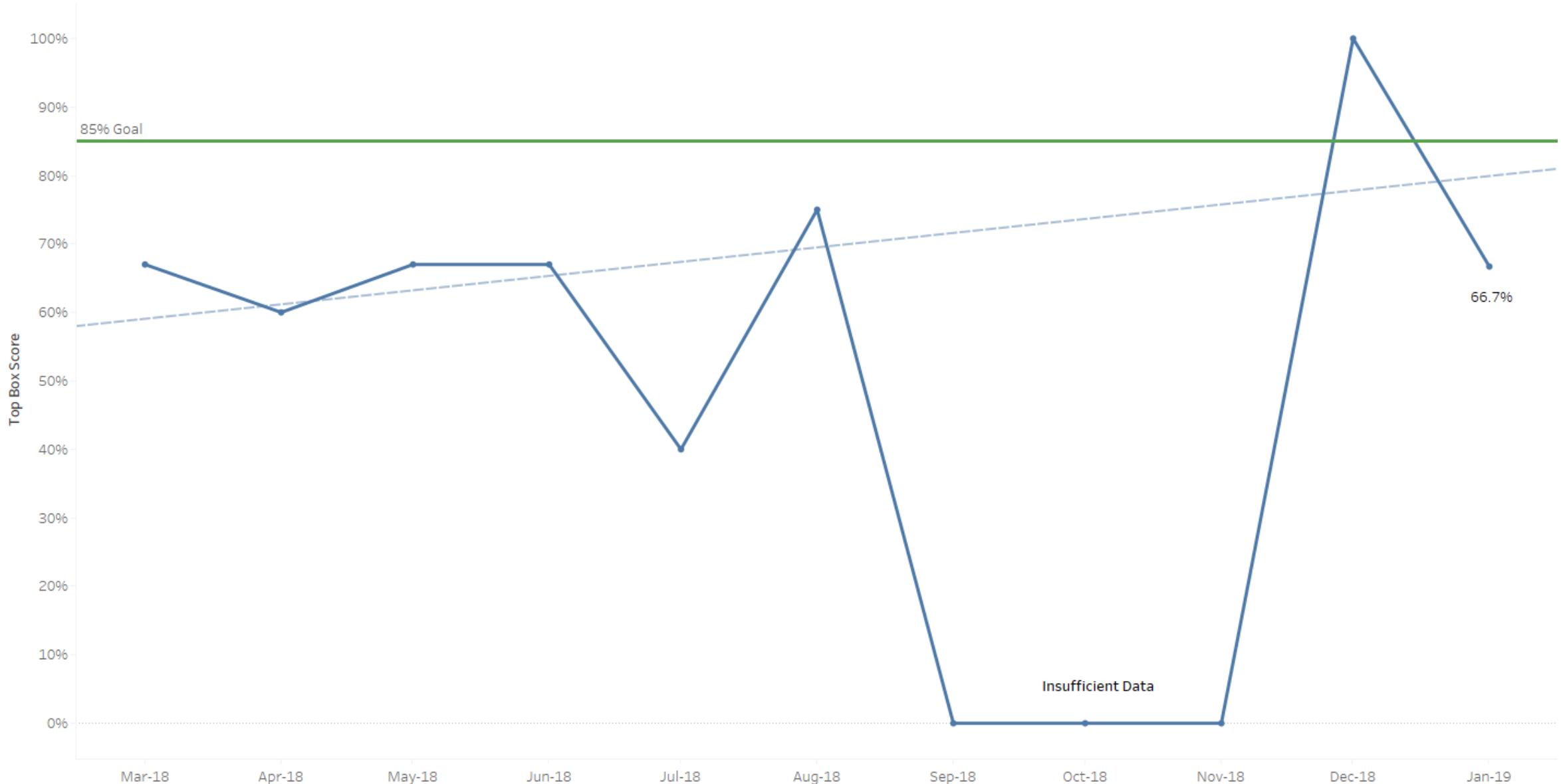


CCHC--Overall Clinic Assessment

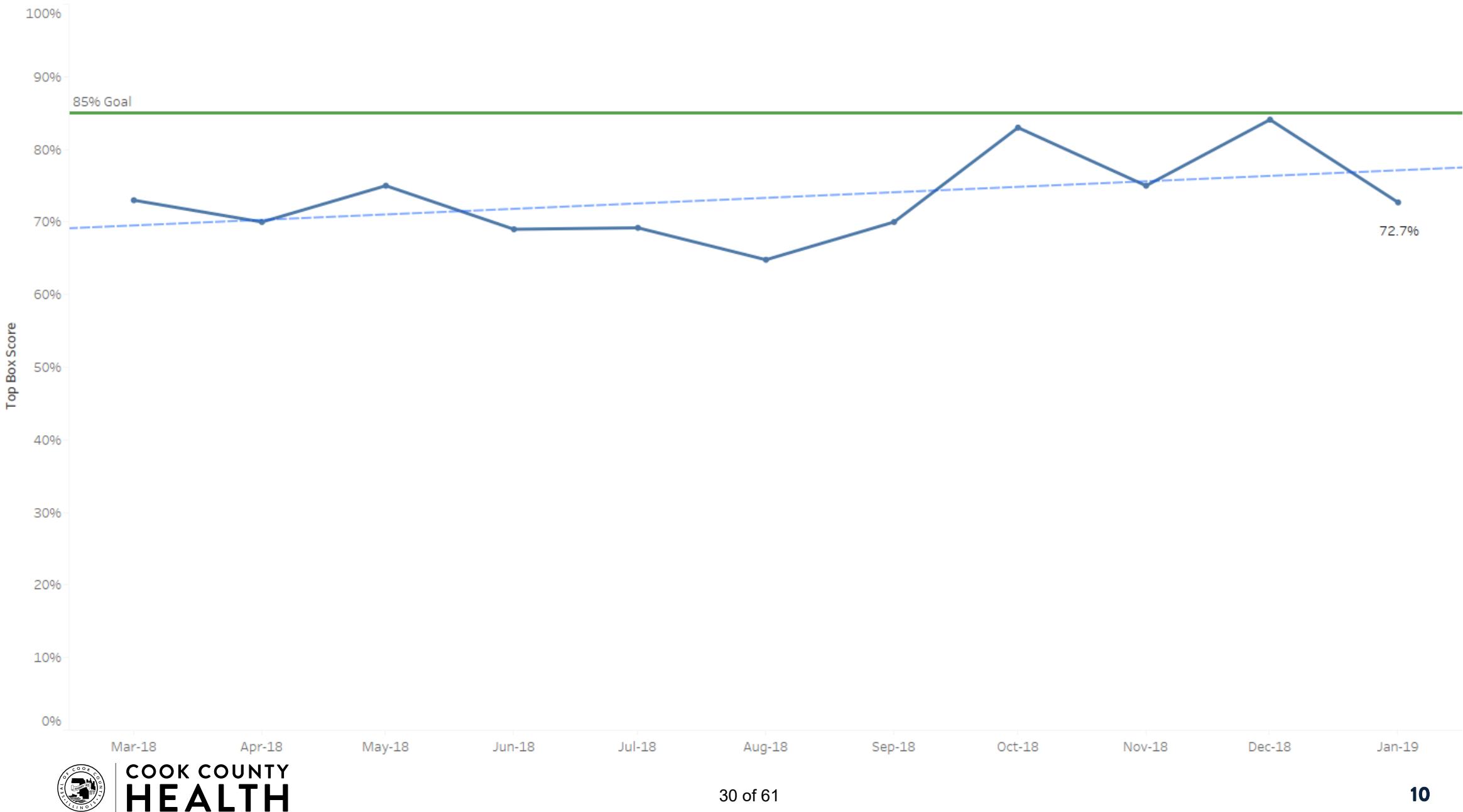


COOK COUNTY
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Provident--Willingness to Recommend Hospital



Stroger--Willingness to Recommend Hospital



COOK COUNTY
HEALTH

Cook County Health and Hospitals System
Quality and Patient Safety Committee Meeting
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ATTACHMENT #3



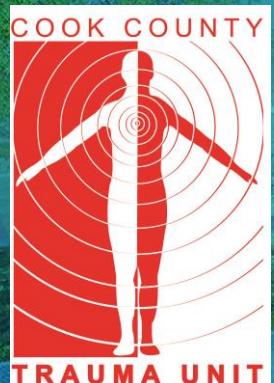
Dept of Trauma/Burn Surgery/PM&R

2018 Year in Review



Dr. Faran Bokhari, Chairperson

March 22, 2019



Divisions and Sections

Department Chairperson

Trauma Surgery Admin

Pre-Hospital and Resuscitation

Burn Surgery

Surgical Critical Care Units (Trauma and Burn)

Research

Quality

Prevention

Rehabilitation

Dr. Faran Bokhari

Dr. Frederic Starr

Dr. Andrew Dennis

Dr. Stathis Poulakidas

Dr. Thomas Messer

Dr. Leah Tatebe

Dr. Caroline Butler

Rev. Carol Reese

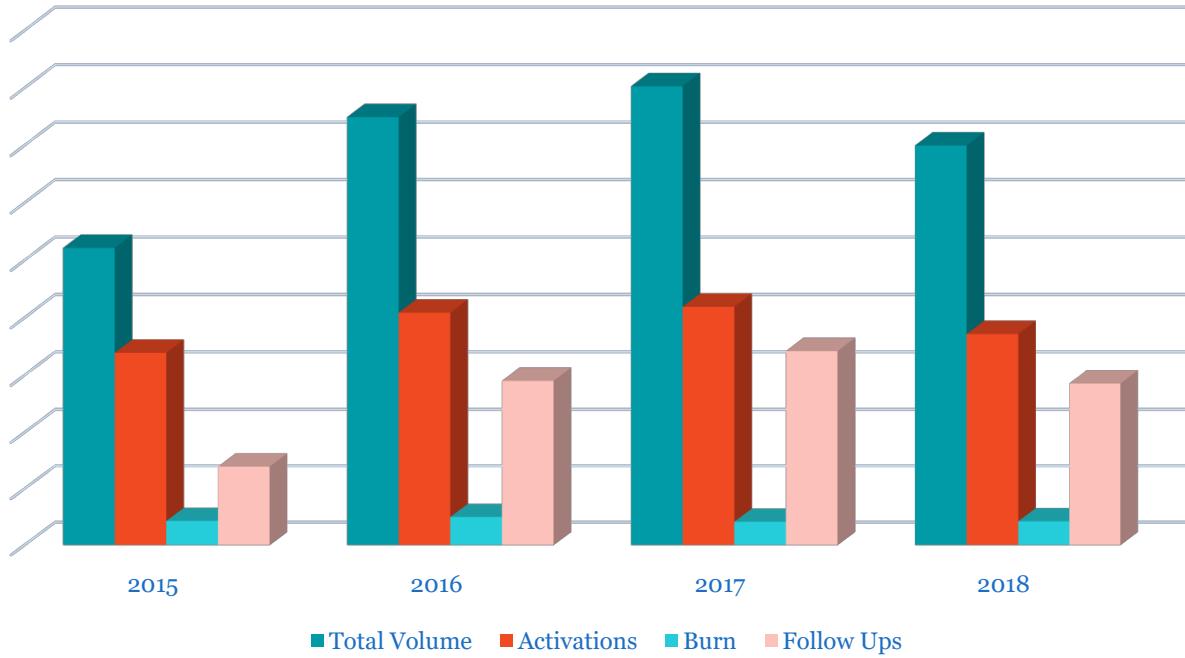
Dr. Tess McCarthy



Initiatives 2018

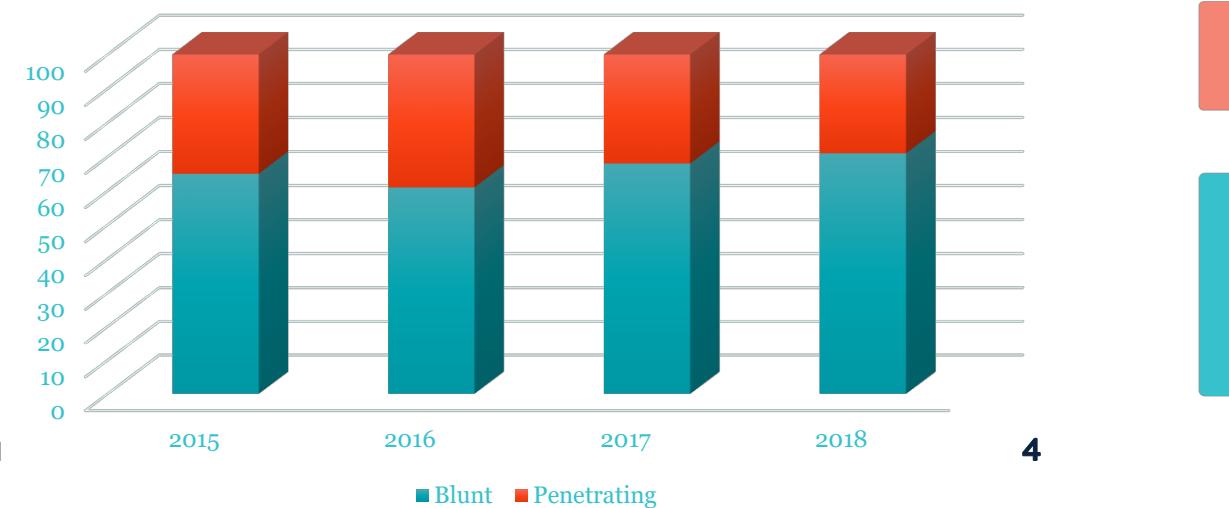
- Quality and benchmarking
- IDPH level 1 verification-achieved 2017-2021
- American Burn Association verification-achieved 2017-2020
- American College of Surgeons level 1 verification-target 2019-2020-in process
- Research-expansion and alignment with QA
- Hiring completed

Trauma Services: Volume & Method of Injury



There were 60% more trauma activations in 2015 compared to 2014

Mechanism of Injury



Parameters Tracked

| | |
|---|---|
| <input type="checkbox"/> Acute Kidney Injury | <input type="checkbox"/> Osteomyelitis |
| <input type="checkbox"/> Acute Respiratory Distress Syndrome (ARDS) | <input type="checkbox"/> Unplanned Return to the OR |
| <input type="checkbox"/> Cardiac Arrest with CPR | <input type="checkbox"/> Unplanned Admission to the ICU |
| <input type="checkbox"/> Decubitus Ulcer | <input type="checkbox"/> Severe Sepsis |
| <input type="checkbox"/> Deep Surgical Site Infection | <input type="checkbox"/> Other |
| <input type="checkbox"/> Drug or Alcohol Withdrawal Syndrome | <input type="checkbox"/> Abdominal Compartment Syndrome (Retired 2011) |
| <input type="checkbox"/> Deep Vein Thrombosis (DVT) | <input type="checkbox"/> Abdominal Fascia Left Open (Retired 2011) |
| <input type="checkbox"/> Extremity Compartment Syndrome | <input type="checkbox"/> Base Deficit (Retired 2011) |
| <input type="checkbox"/> Graft/prosthesis/flare failure (Retired 2016) | <input type="checkbox"/> Bleeding (Retired 2011) |
| <input type="checkbox"/> Myocardial Infarction | <input type="checkbox"/> Coagulopathy (Retired 2011) |
| <input type="checkbox"/> Organ / Space Surgical Site Infection | <input type="checkbox"/> Coma (Retired 2011) |
| <input type="checkbox"/> Pneumonia (Retired 2016) | <input type="checkbox"/> Intracranial Pressure (Retired 2011) |
| <input type="checkbox"/> Pulmonary Embolism | <input type="checkbox"/> Systemic Sepsis (Retired 2011) |
| <input type="checkbox"/> Stroke / CVA | <input type="checkbox"/> Wound Disruption (Retired 2011) |
| <input type="checkbox"/> Superficial Surgical Site Infection | <input type="checkbox"/> Catheter Associated Urinary Tract Infection (CAUTI) |
| <input type="checkbox"/> Unplanned Intubation | <input type="checkbox"/> Central Line Associated Bloodstream Infection (CLABSI) |
| <input type="checkbox"/> Urinary Tract Infection (Retired 2016) | <input type="checkbox"/> Ventilator Associated Pneumonia (VAP) |
| <input type="checkbox"/> Catheter-Related Blood Stream Infection (Retired 2016) | |

| |
|---|
| <input type="checkbox"/> Absence of Hourly Vitals |
| <input type="checkbox"/> SDH/EDH with Craniotomy > 4 hrs after Arrival |
| <input type="checkbox"/> Comatose Patient Left ED before Definitive Airway Established |
| <input type="checkbox"/> Reintubation within 48 hrs of Extubation |
| <input type="checkbox"/> Abdominal Injuries and Hypotension without a Laparotomy within 1 hr of Arrival |
| <input type="checkbox"/> Laparotomy > 4 hrs after Arrival |
| <input type="checkbox"/> Nonfixation of Femoral Diaphyseal Fracture |
| <input type="checkbox"/> GSW to Abdomen Managed Non-operatively |
| <input type="checkbox"/> Initiation of Debridement of Open Tibial Fx > 8 hrs after Arrival |
| <input type="checkbox"/> Abdominal, Thoracic, Vascular, or Cranial Surgery > 24 hrs after Arrival |
| <input type="checkbox"/> HIV Positive |

| Year | 2018 |
|--------------------|-------------|
| Total | 100 |
| Trauma Act. | 53% |
| Cat. 1 | 1/3 |
| Cat. 2 | 2/3 |
| Blunt | 70% |
| Penetrating | 30% |
| Other | 11% |
| DOA | 1% |
| DIE | 1% |
| Death in House | 1% |
| Encounters | 47% |
| Txr In | 27% |
| Txr Out | 0.1% |
| T & R | 45% |
| Admitted | 55% |

Trauma Metrics

Non SVC Admits
3 – Inapprop 22 – OK 1% of admits

Transfer Out
1-IR 2-ECCMO 4-Family Request

Under/Over Triage
3 – Over 2 – Under

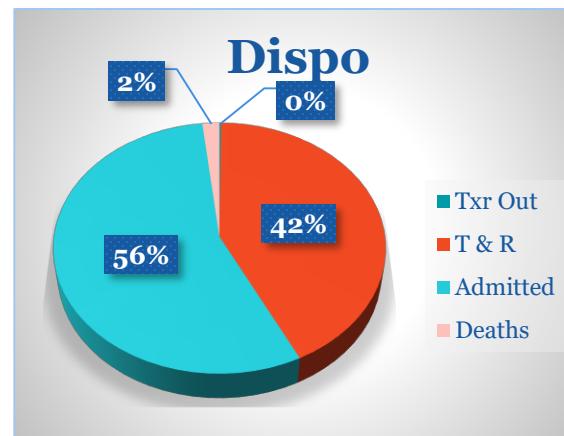
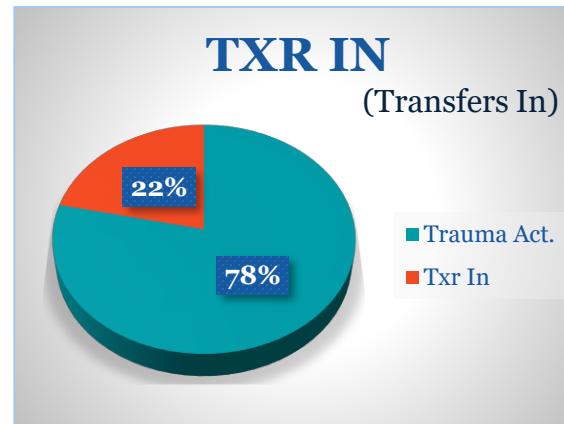
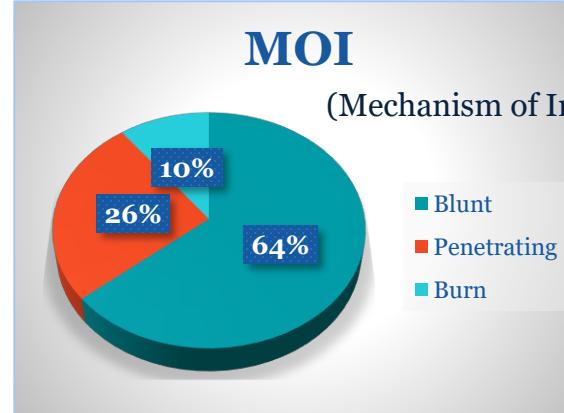
Time To CT
(for Head Injury with GCS<13 or significant mechanism)
Avg:58 mins (n:187)

NFS Compliance
Classification – 84%
Activation Time – 75%
Pre-hospital Activation – 81%
Patient Arrival – 98%
Trauma Present – 93%

Time to OR
(for emergent trauma cases)
71 mins (n:145)

Emergent Airways
94-airways 8-crichs (7%),
2-anesthesia, 1 –esophageal

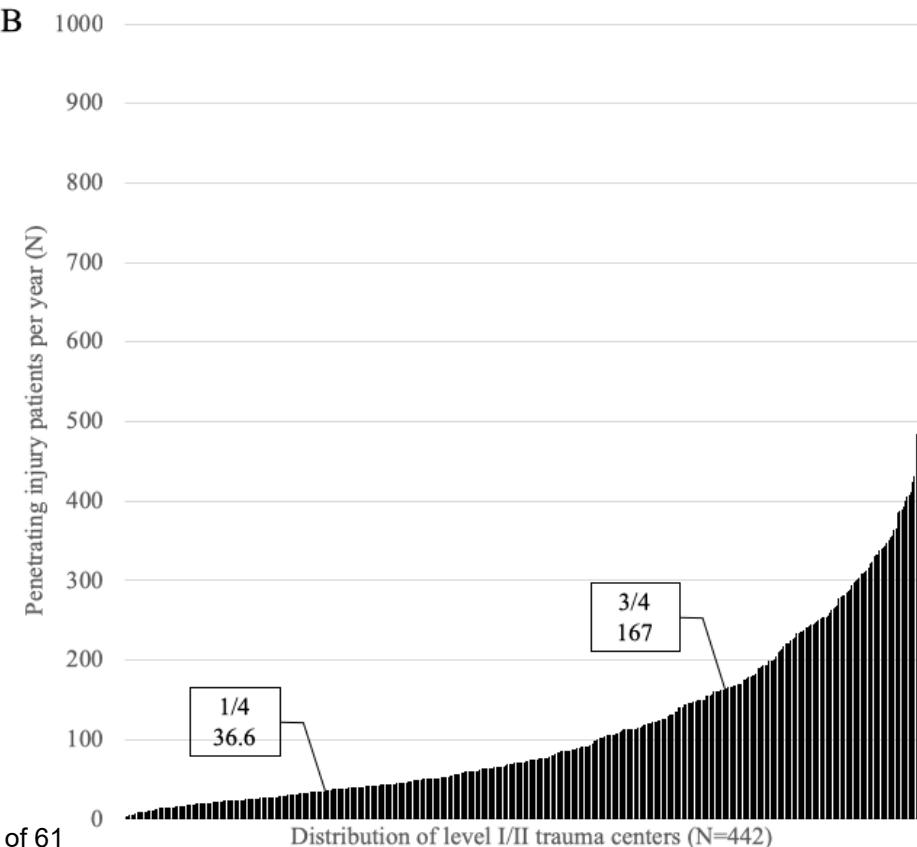
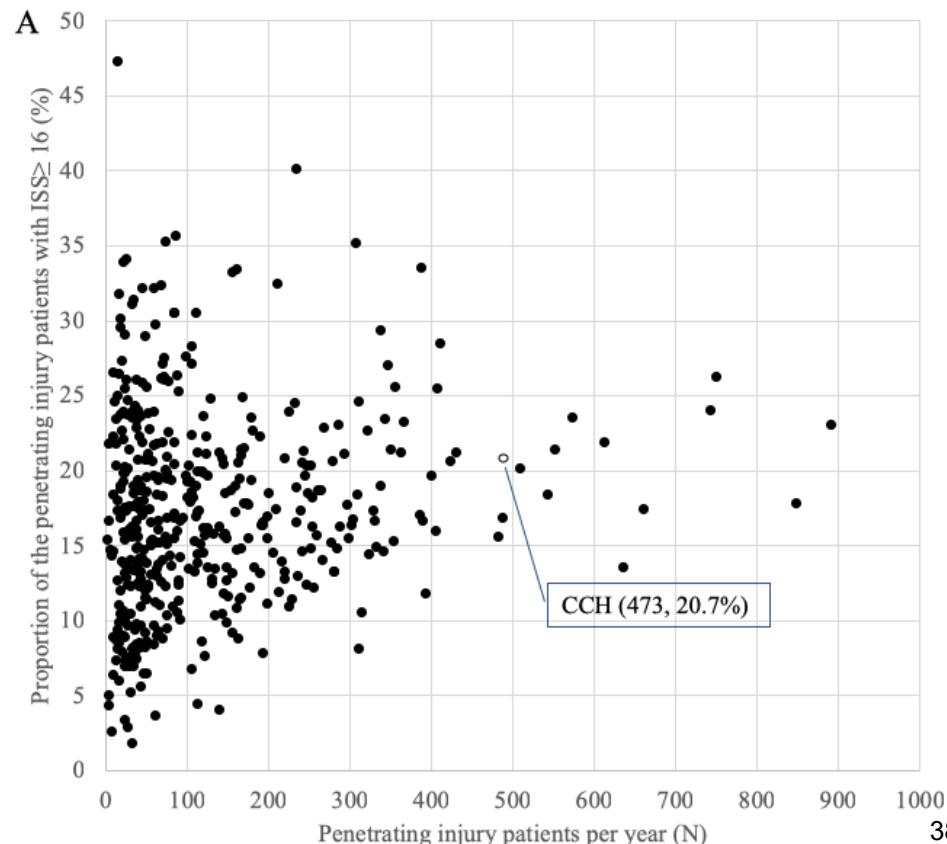
Open Fracture to ABX
35 of 64
49 Average 34 Median



Journal of Trauma and Acute Care Surgery

Right Hospital, Right Patients: Penetrating Injury Patients Centralized to High-Volume Penetrating Trauma Centers Have Lower Mortality

Accepted March 2019 Journal Of Trauma



Journal of Trauma and Acute Care Surgery
Right Hospital, Right Patients: Penetrating Injury Patients Centralized to High-Volume
Penetrating Trauma Centers Have Lower Mortality

- CCH compared to 448 national trauma centers
- Significantly more severely injured patients than National Trauma Databank
- Survival top 7.7% for severely injured patients

Journal of Trauma and Acute Care Surgery

Right Hospital, Right Patients: Penetrating Injury Patients Centralized to High-Volume Penetrating Trauma Centers Have Lower Mortality

Table 1. Comparisons between NTDB (level I/II trauma centers) and CCH

| | NTDB (N=587,183/year) | CCH (N=1,597/year) | p-value [#] |
|--|--------------------------|-----------------------|----------------------|
| General demographics | | | |
| Mechanism | | | <0.001 |
| Penetrating (N, %) | 55,696 (9.5%) | 473 (29.6%) | |
| Non-penetrating (N, %) | 531,487 (90.5%) | 1,124 (70.4%) | |
| Overall mortality (N, %) | 16476 (2.8%) | 36 (2.3%) | <0.001 |
| Penetrating injuries | (N=55,696) | (N=473) | |
| Mortality (N, %) | 2,226 (4.0%) | 17 (3.6%) | <0.001 |
| Severe penetrating injuries (ISS≥16) (N, %) | 10,187 (18.3%) | 98 (20.7%) | <0.001 |
| Mortality of severe penetrating injuries (N, %) | 2,015 (19.8%) | 7 (7.4%) | <0.001 |

Chi-square test

Burn Services

2018

- Same Metrics As Trauma
- Graft Failure Rate <1% (10% Threshold)
- F/U Rate Of Admitted Patients: 75% (Meets Threshold)
- Total Burns 2018: 1200; Wounds 300



COOK COUNTY
HEALTH

Rehabilitation Services

3 Locations: Stroger/Oak Forest/Provident

15% Increase Over 2017- Numbers and Billings

Total Evaluations:/Interventions:

Inpatient 27k/ Outpatient 32k = 59k

8 Occupational Therapists

20 Physical Therapists

3 Speech Language Pathologists

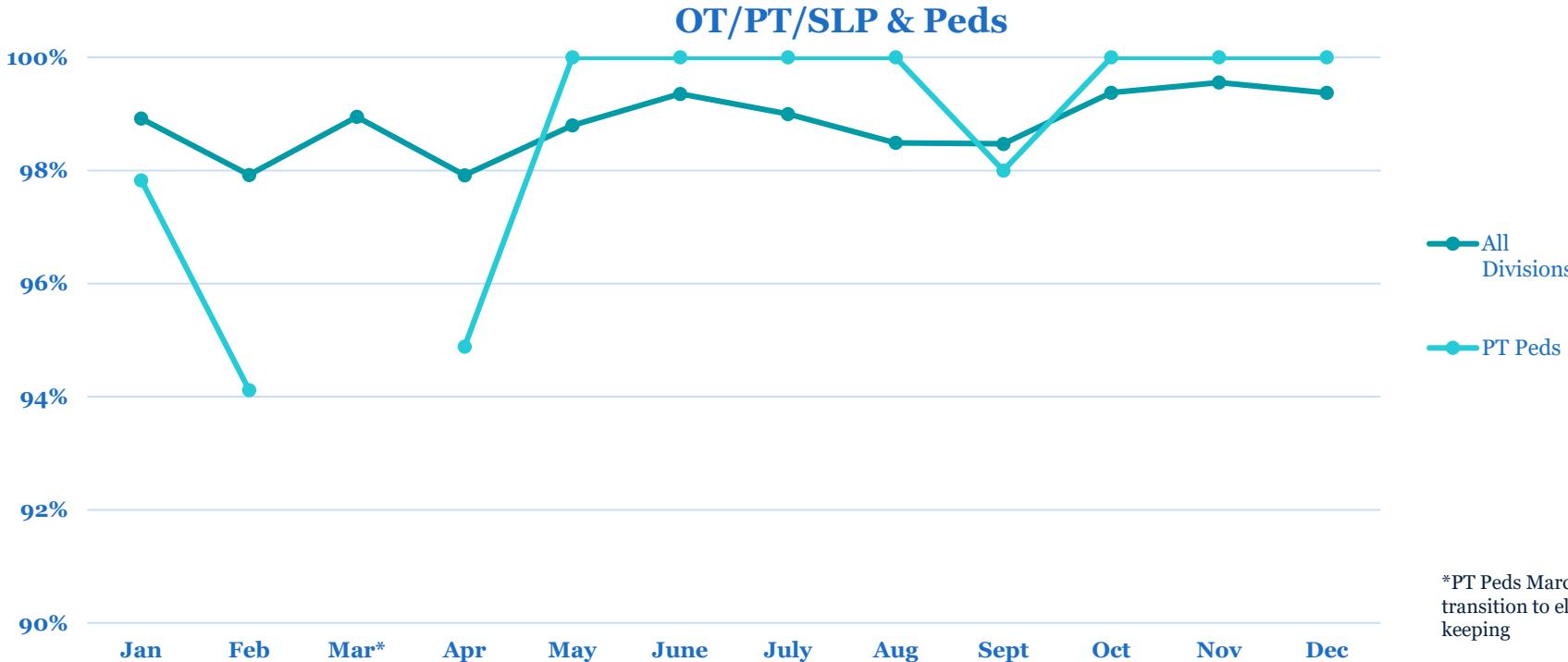
More Evaluations Per Therapist Than Industry Standard

Rehabilitation Services

Quality Metrics

1. Timeliness of Inpatient Evaluations
2. Patient Satisfaction with Outpatient Services
3. Billing/G-Code Compliance
4. Pain Management Compliance

Timeliness of Inpatient Evaluations



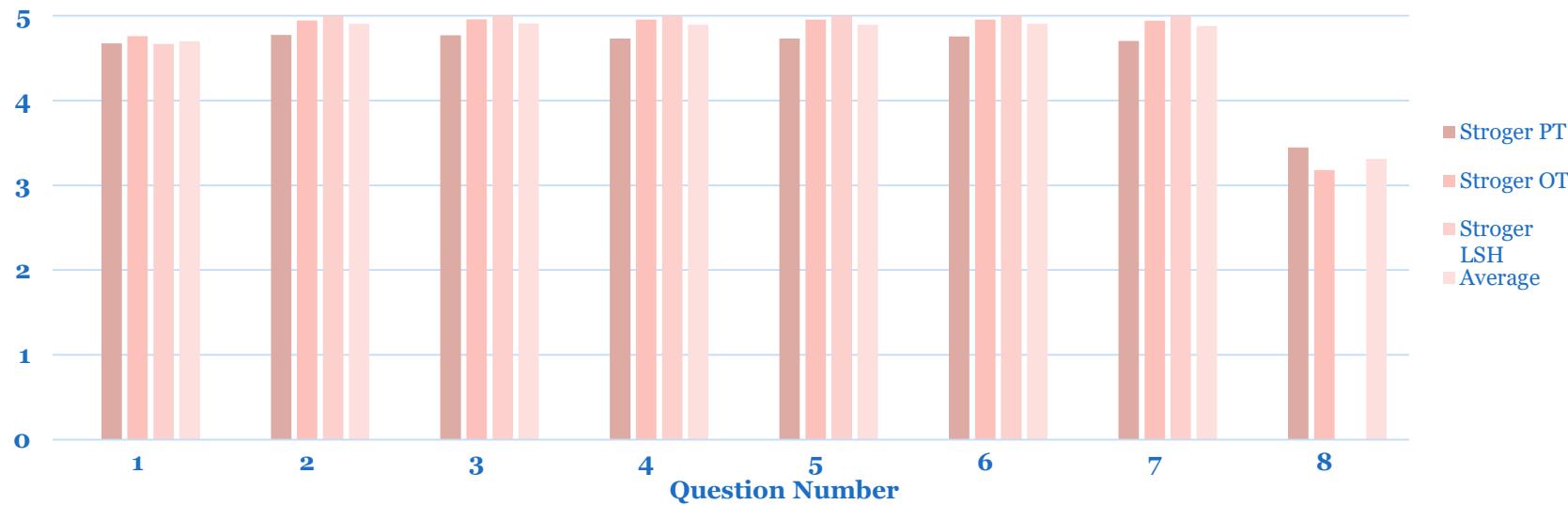
*PT Peds March data lost during transition to electronic record keeping

| Purpose | Items Measured | Analysis | Action |
|--|---|--|---|
| <ul style="list-style-type: none">95% of all OT/PT/LSH inpatients seen within 24 hours of physician referral to provide timely and effective patient care. | <ul style="list-style-type: none">Days of the week# of student interns# of total FTEs for each disciplineEst. treatment capacity per FTE# of evaluations waiting at start# of new evaluation orders received after day began# of IPs discharged before evaluation completed | <ul style="list-style-type: none">Department has met 98% compliance this quarter (except for PT Pediatrics in Feb, Mar & Apr). | <ul style="list-style-type: none">Implemented training and assignment of additional pediatric staff |



Outpatient Satisfaction Survey Results – OT/PT/LSH

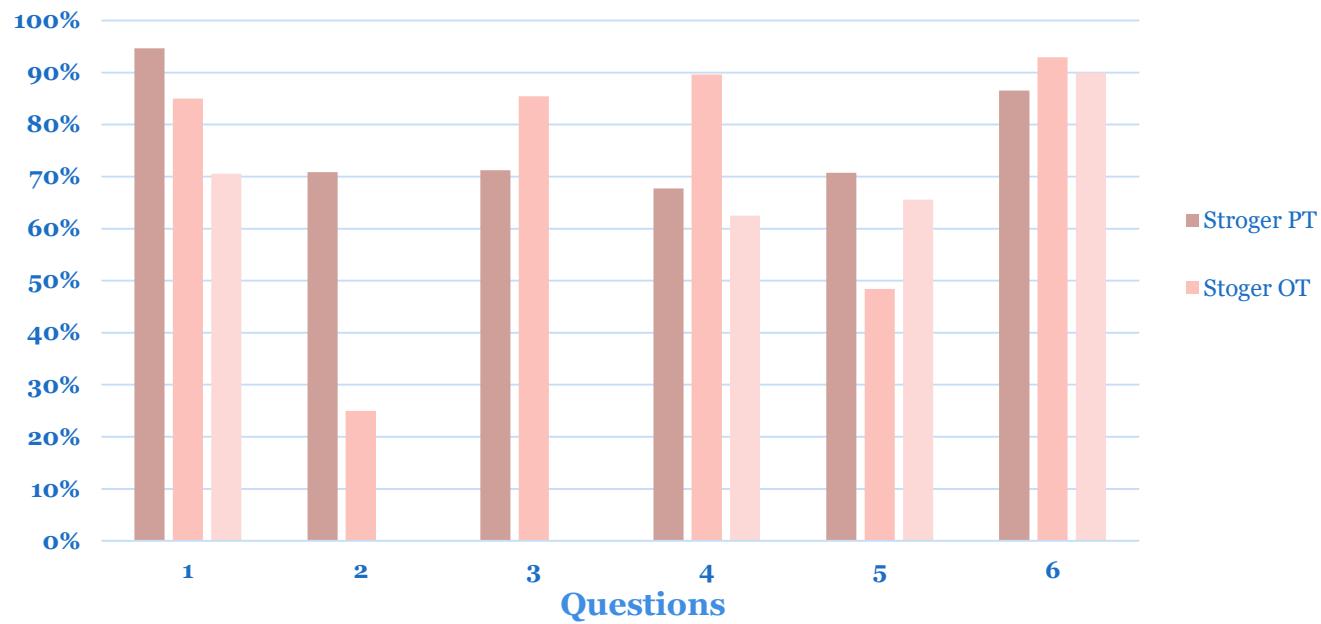
2018 Survey Results



| Purpose /Goal | Items Measured | Analysis | Action |
|--|---|--|---|
| <ul style="list-style-type: none">Ensure that patients are satisfied with encounters with OP OT/PT/LSH staff.Average patient rating 4 or greater on 6 out of 8 items measured | <p>Q1: The front desk is helpful</p> <p>Q2: Therapist explains the treatment received</p> <p>Q3: Therapist treats me with respect</p> <p>Q4: Therapist listens to my concerns</p> <p>Q5: Therapist answers my questions</p> <p>Q6: Therapist explains my home program</p> <p>Q7: I would return to this clinic for future therapy services</p> <p>Q8: I found the group class helpful (PT service only)</p> | <ul style="list-style-type: none">Department is at complianceLimited data for LSH due to staffing shortages and reduced outpatient visits | <ul style="list-style-type: none">Continue to emphasize the patient experience with staff.Implement measures to improve survey response rate |

G-Code/Billing Compliance – OT/PT/LSH

G-Code/Billing Compliance 2018

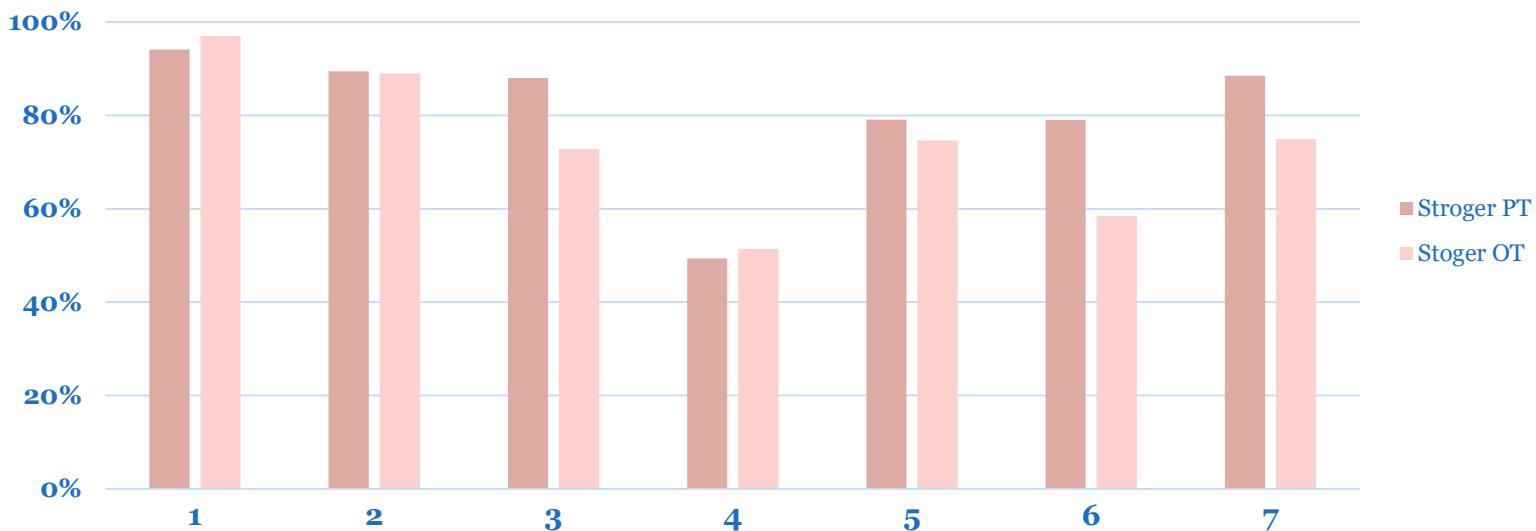


| Purpose /Goal | Items Measured | Analysis | Action |
|---|---|---|---|
| <ul style="list-style-type: none">Ensure that IP and OP OT/PT/LSH staff document appropriately to meet regulatory and reimbursement.90% or greater on all items measured | <ol style="list-style-type: none">1. G-Code included on evaluation2. G-Code included on 10th visit, when applicable (N/A for LSH ever)3. Code included on re-evaluation4. G-Code included on discharge5. G-Code improvement noted with Rx6. Power Bill with Correct G-Codes | <ul style="list-style-type: none">Department has not consistently met benchmarkCertain services have limited follow up visits so item doesn't apply.Few patients have 10 visits. Therefore, a miss has a disproportional effect | <ul style="list-style-type: none">Implemented training for newly assigned staff |



Pain Management – OT/PT/LSH

Pain Management 2018



| Purpose /Goal | Items Measured | Analysis | Action |
|--|--|---|---|
| <ul style="list-style-type: none">Ensure that IP and OP OT/PT staff document monitor and manage pain.90% or greater on all items measured | <ol style="list-style-type: none">1. Pain score on initial eval2. Pain Score on Follow-ups3. Location factors noted4. Duration factors noted5. Influencing factors noted6. Home exercise program developed7. Pain levels decreased or were the same at discharge | <ul style="list-style-type: none">Department did not meet benchmarkSome items non-applicable to certain services | <ul style="list-style-type: none">Implemented training for newly assigned staff |



Research & Presentations

(FB) **Bokhari F**, Fu CY, Bajani F. (2018) The Lethal Effect of Obesity on Trauma Laparotomy. Annual Meeting of Western Surgical Association, San Jose del Cabo, Mexico. Nov 3-6 2018

(FB) **Bokhari F**, Bajani F, Fu CY. (2018) Risk Factors of Complications and Mortality in Truncal Burn Patients: Timing to Skin Grafting for Truncal Burn Patients. Annual Meeting of Midwest Region Burn Conference, Minneapolis, MN. Oct 10-13, 2018

(FB) **Bokhari F**, Fu CY, Bajani F. (2018) To Achieve Level-I Status or not? That is the question. A comparative analysis of Level-I center performance in the US. Scientific Assembly of American College of Emergency Physicians (ACEP), San Diego, CA. Oct 1-4, 2018

(FB) **Bokhari F**. Fu CY. (2018) Right Hospital, Right Patients: Penetrating Trauma Patients Centralized to High Volume Penetrating Trauma Centers Have Lower Mortality. Poster presentation at the Annual Meeting of American Public Health Association(APHA), San Diego, CA. Nov 10-14, 2018

(FB) **Bokhari F**. Fu CY. (2018) Obesity as a New Trauma Triage Criterion: Reduced Complication Rates at LEVEL-I Trauma Centers. Poster presentation at the Annual Meeting of American Public Health Association (APHA), San Diego, CA. Nov 10-14, 2018

(FB) **Bokhari F**. Fu CY. Bajani, F. (2018) Morbid Obesity is Protective in Blunt Abdominal Trauma. Clinical Congress of American College of Surgeons (ACS), Boston, MA. MA Oct 21-25, 2018

(FB) **Bokhari F**. Fu CY. (2018) Geriatric Abdominal Trauma Patients: A Nationwide Analysis of Complicated Cases. 31st Panamerican Congress of Trauma, Cartagena, Colombia. Aug 14-17, 2018

(FB) **Bokhari F**. Bajani, F. Fu CY. (2018) The Role of Respiratory Comorbidities in the Management of Facial Burn Patients. Midwest Region Burn Conference, Minneapolis, MI. Oct10-13, 2018

Research & Presentations

(T) Kramer KZ, Poulakidas SJ, **Bokhari F.** (2018) Use of Etherified, Regenerated Cellulose Hemostatic Agent on the Donor Site of a Pediatric Burn Patient Requiring Split-Thickness Skin Grafting. Midwest Region Burn Conference, Minneapolis, MN. Oct 10-13, 2018

(T) Xu T, Kramer KZ, Koeck E, Poulakidas SJ, **Bokhari F.** (2018) Minimizing Intraoperative Hemorrhage in Wound Debridement using a Topical Collagen-Based Hemostatic Agent. Midwest Region Burn Conference, Minneapolis, MN. Oct 10-13, 2018

(T) Xu T, Kramer KZ, Koeck E, Poulakidas SJ, **Bokhari F.** (2018) Topical Collagen Matrix Aids in the Healing of Burn Wounds. Poster presentation at Midwest Region Burn Conference, Minneapolis, MN. Oct 10-13, 2018

(T) Kramer KZ, Kingsley S, Boron JG, **Bokhari F.** (2018) An Assessment of the 2012 Trauma Triage Recommendations. Poster presentation at the American College of Surgeons, Boston, MA. Oct 21-25, 2018

(T) Kramer K, Fu CY, Bajani F, Boron J, Kaminsky M, Schlanser V, Starr F, Poulakidas S, Messer T, Koeck E, Dennis A, Hollister H, Luftman K, **Bokhari, F.** (2018) Management of Blunt Hollow Viscus Injury: An Urgent but not Emergent Surgical Disease. Trauma Association of Canada Toronto, Canada. Feb 22-23, 2018

(T) Koeck E, Schlanser V, Bajani F, Mis J, Fu CY, Kramer K, Luftman K, Hollister H, Poulakidas S, Boron J, Messer T, Kaminsky M, Dennis A, Starr F, **Bokhari F.** (2018) Base Deficit Does Not Predict Mortality in Penetrating Trauma Patients Who Receive Massive Transfusion Protocol. Trauma Association of Canada, Toronto, Canada. Feb 22-23 2018

(T) Schlanser V, Koeck E, Fu CY, Bajani F, Boron J, Dennis A, Kaminsky M, Kramer K, Poulakidas S, Starr F, **Bokhari F.** (2018) **Base Deficit in Penetrating Trauma Does Not Always Predict Blood Products Transfused in MTP Protocols.** Poster presentation at the Trauma Association of Canada (TAC), Toronto, Canada. Feb 22-23 2018



Initiatives 2019

- American College of Surgeons certification
- QA benchmarking with national bodies-trauma/burns/physical medicine rehabilitation
- Expansion of service lines
- Prominent national organizational presence
- Collaborative growth with CCH depts - surgery, anesthesia, radiology, medicine, pediatrics, pathology etc.

Thank you. ↗



Cook County Health and Hospitals System
Quality and Patient Safety Committee Meeting
Friday, March 22, 2019

ATTACHMENT #4



Toni Preckwinkle
President, Cook County Board of Commissioners

John Jay Shannon, MD
Chief Executive Officer, Cook County Health

Deb Santana
Secretary to the Board
Cook County Health

Date: March 15, 2019

Dear Members of the Quality and Patient Safety Committee of
the CCH Board,

Please be advised that the Executive Medical Staff Committee
of John H. Stroger Jr., Hospital of Cook County, approved the
attached list of medical staff action items Tuesday, March 12,
2019, for your consideration. Thank you.

Respectfully Submitted,

A handwritten signature in black ink, appearing to read "T. Lewis".

Trevor Lewis, MD
President, Executive Medical Staff

John H. Stroger, Jr. Hospital of Cook County



TO: Quality and Patient Safety Committee

FROM: Trevor Lewis, MD
EMS President

SUBJECT: Medical Staff Appointments and Other Business Recommended by the **Executive Medical Staff Committee**.

Medical Staff Appointments/Reappointments Effective March 22, 2019 Subject to Approval by the CCH Quality and Patient Safety Committee Board.

Initial Physician Applications:

| Name | Category | Department / Division | Appointment Term |
|----------------------|-----------|-------------------------------|---------------------------------------|
| McLeod, Yvonne DDS | Active | Oral Health | March 22, 2019 through March 21, 2021 |
| Meehan, Timothy MD | Voluntary | Emergency Medicine/Toxicology | March 22, 2019 through March 21, 2021 |
| Mostafa, Gamal MD | Voluntary | Trauma | March 22, 2019 through March 21, 2021 |
| Saini, Abhimanyu, MD | Active | Medicine/Cardiology | March 22, 2019 through March 21, 2021 |
| Wroblewski, Igor, MD | Active | Medicine/Hospital Medicine | March 22, 2019 through March 21, 2021 |

[Signature]
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BY THE QUALITY AND PATIENT SAFETY COMMITTEE
ON MARCH 22, 2019

Reappointment Applications Physicians:

Department of Anesthesiology:

| Name | Category | Division | Reappointment Term |
|-------------------|----------|----------------|---|
| Slyvka, Roman, MD | Active | Anesthesiology | March 12, 2019 through September 11, 2019 |

Department of Correctional Health:

| Name | Category | Division | Reappointment Term |
|-----------------------|----------|------------|-----------------------------------|
| Garbharran, Sharad MD | Active | Psychiatry | May 18, 2019 through May 17, 2021 |

Department of Emergency Medicine:

| Name | Category | Division | Reappointment Term |
|--------------------|----------|----------|-----------------------------------|
| Dyer, Sean MD | Active | | May 19, 2019 through May 18, 2021 |
| Nelson, Michael MD | Active | | May 17, 2019 through May 16, 2021 |

Department of Family Medicine:

| Name | Category | Division | Reappointment Term |
|---------------------|----------|----------|---------------------------------------|
| DeBiase, Norbert MD | Active | | April 10, 2019 through April 9, 2021 |
| Im, Pil Bin MD | Active | | April 21, 2019 through April 20, 2021 |
| Shah, Chiragi MD | Active | | April 21, 2019 through April 20, 2021 |



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ON MARCH 22, 2019

Department of Medicine

| Name | Category | Division | Reappointment Term |
|---------------------------|------------|---------------------|---------------------------------------|
| Abaid, Homer De Guia, MD | Active | Infectious Disease | May 17, 2019 through May 16, 2021 |
| Andablio, Araceli, MD | Active | General Medicine | April 11, 2019 through April 10, 2021 |
| Black, Stephanie, MD | Voluntary | Infectious Disease | April 17, 2019 through April 16, 2021 |
| Bangayan, Lorraine Y., MD | Active | Cardiology | May 17, 2019 through May 16, 2021 |
| Hadley, Indira S., MD | Active | Rheumatology | April 14, 2019 through April 13, 2021 |
| Lenhardt, Richard, MD | Active | PCCM | May 26, 2019 through May 25, 2021 |
| Piette, Warren W., MD | Voluntary | Dermatology | April 28, 2019 through April 27, 2021 |
| Rafiq, Muhammad, MD | Active | General Medicine | May 20, 2019 through May 19, 2021 |
| Saeed, Saba N., MD | Consulting | Neurology | April 21, 2019 through May 20, 2021 |
| Shah, Sejal, MD | Active | General Medicine | May 19, 2019 through May 18, 2021 |
| Trick, Williams E., MD | Active | General Medicine | April 18, 2019 through April 17, 2021 |
| Wong, Alton C. T., MD | Consulting | Hematology/Oncology | April 15, 2019 through April 14, 2021 |

Department of Oral Health:

| Name | Category | Division | Reappointment Term |
|---------------------|------------|----------|-----------------------------------|
| Coelho, Giselle DMD | Consulting | | May 17, 2019 through May 16, 2021 |
| Taylor, Brenda DMD | Active | | May 26, 2019 through May 25, 2021 |

Department of Pediatrics:

| Name | Category | Division | Reappointment Term |
|-------------------------|-----------|---------------------|---------------------------------------|
| Fricchione, Marielle MD | Voluntary | | March 22, 2019 through March 21, 2021 |
| Jandeska, Sara MD | Voluntary | Nephrology | April 21, 2019 through April 20, 2021 |
| Simpson, Karen MD | Active | Adolescent Medicine | April 21, 2019 through April 20, 2021 |

Department of Psychiatry:

| Name | Category | Division | Reappointment Term |
|---------------------|------------|------------|---------------------------------------|
| Kleinman, Amanda MD | Consulting | Psychiatry | April 13, 2019 through April 12, 2021 |


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ON MARCH 22, 2019

Department of Surgery:

| Name | Category | Division | Reappointment Term |
|----------------------------|------------|----------------|---------------------------------------|
| Abdelhady, Khaled, MD | Consulting | Cardiothoracic | April 21, 2019 through April 20, 2021 |
| Patrianakos, Thomas D., DO | Active | Ophthalmology | May 17, 2019 through May 16, 2021 |
| Suffern, Jennifer L., DPM | Active | Podiatry | May 17, 2019 through May 16, 2021 |
| Wille, Mark A., MD | Active | Urology | May 17, 2019 through May 16, 2021 |

Medical Staff Request for Additional Privileges:

| Name | Department/ Division | Additional Privileges |
|---------------------|----------------------|-----------------------|
| Crowley, Richard MD | Surgery/Neurosurgery | Radiology Privileges |

Initial Application for Non-Medical Staff:

| Name | Category | Department/ Division | Appointment Term |
|----------------------------------|---------------------|----------------------|---------------------------------------|
| Tyler Davis-Sandfoss, CRNA | Nurse Anesthetist | Anesthesiology | March 22, 2019 through March 21, 2021 |
| Lukose (Kanikunnel), Meriam PA-C | Physician Assistant | Medicine/Cardiology | March 22, 2019 through March 21, 2021 |
| Peculis, James F., PA-C | Physician Assistant | Surgery/Urology | March 22, 2019 through March 21, 2021 |

Renewal of Privileges for Non-Medical Staff:

| Name | Category | Department/ Division | Appointment Term |
|-----------------------|-----------------------|---------------------------|---------------------------------------|
| Abuaita, Watan, PA-C | Physician Assistant | Surgery/Urology | April 21, 2019 through April 20, 2021 |
| Fuentes, Harold Ph.D. | Clinical Psychologist | Psychiatry | May 26, 2019 through May 25, 2021 |
| Jacob, Ancy, NP | Nurse Practitioner | Medicine/General Medicine | April 21, 2019 through April 20, 2021 |
| Patel, Priya V., PA-C | Physician Assistant | Surgery/Neurosurgery | April 21, 2019 through April 20, 2021 |
| Ruiz, Natalia Psy.D. | Clinical Psychologist | Psychiatry | May 12, 2019 through May 11, 2021 |

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ON MARCH 22, 2019



Non-Medical Staff Request for Additional Privileges:

| Name | Department/ Division | Additional Privileges |
|--------------------|----------------------------------|-----------------------|
| Patel, Vandana CNP | Pediatrics/Child Protective Svcs | OB/Gyn Privileges |

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**BY THE QUALITY AND PATIENT SAFETY COMMITTEE
ON MARCH 22, 2019**



**COOK COUNTY
HEALTH**

Toni Preckwinkle
President, Cook County Board of Commissioners
John Jay Shannon, MD
Chief Executive Officer, Cook County Health

Deborah Santana
CCH Secretary to the Board
1950 W. Polk Street, Room 9106
Chicago, IL 60612

March 8, 2019

Dear Members of the Quality and Patient Safety Committee:

Please be advised that at the Provident Hospital Medical Executive Committee Meeting held on March 8, 2019 the Medical Executive Committee recommended the actions on the enclosed list. It is being presented to you for your consideration.

Respectfully,

Marlon Kirby, MD
Provident Hospital of Cook County
Vice President, Medical Staff
Presiding Chair, Medical Executive Committee

Provident Hospital of Cook County



TO: Quality and Patient Safety Committee
FROM: Marlon Kirby, MD
Vice President, Medical Executive Committee
SUBJECT: Medical Staff Appointments and Other Business Recommended by the **Medical Executive Committee** on
3/8/2019

Medical Staff Appointments/Reappointments Effective March 22, 2019 Subject to Approval by the CCH Quality and Patient Safety Committee.

New Business

Initial Physician Appointment Application:

| Name | Category | Department / Specialty | Appointment Term |
|----------------------|-----------|------------------------|------------------------------------|
| Jones, Annell, MD | Voluntary | General Surgery | March 22, 2019 thru March 21, 2021 |
| Wroblewski, Igor, MD | Affiliate | Internal Medicine | March 22, 2019 thru March 21, 2021 |

New Business

Reappointment Applications Physicians:

| Department of Internal Medicine: | Name | Category | Department/ Specialty | Appointment Term |
|----------------------------------|------------------------|-----------|-----------------------|------------------------------------|
| | Ahmed, Wasay, MD | Affiliate | Internal Medicine | April 21, 2019 thru April 20, 2021 |
| | Lenhardt, Richard, MD | Affiliate | Internal Medicine | May 19, 2019 thru May 18, 2021 |
| | Poku, Caroline, A., MD | Affiliate | Internal Medicine | May 19, 2019 thru May 18, 2021 |
| | Shariff, Ruhi, R. MD | Affiliate | Internal Medicine | May 19, 2019 thru May 18, 2021 |
| | Smith, Patrika, MD | Affiliate | Internal Medicine | April 21, 2019 thru April 20, 2021 |

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ON MARCH 22, 2019

Department of Pediatrics:

| Name | Category | Department/Specialty | Appointment Term |
|--------------------|-----------|----------------------|------------------------------------|
| Simpson, Karen, MD | Affiliate | Pediatrics | April 21, 2019 thru April 20, 2021 |

Department of Surgery:

| Name | Category | Department/Specialty | Appointment Term |
|----------------------------|-----------|----------------------|------------------------------------|
| Murphy, Adam B., MD | Affiliate | Urology | April 20, 2019 thru April 19, 2021 |
| Patrianakos, Thomas D., DO | Affiliate | Ophthalmology | May 17, 2019 thru May 16, 2021 |
| Suffern, Jennifer L., DPM | Affiliate | Podiatry | May 17, 2019 thru May 16, 2021 |

Provisional To Full:

| Name | Department/ Division | Discussion | Recommendation |
|--------------------------------|----------------------|--|----------------|
| Ahmed, Wasay, MD | Internal Medicine | File reviewed and presented with no issues identified. | Approved |
| Bressler, Joy, MD | Internal Medicine | File reviewed and presented with no issues identified. | Approved |
| Clark, Peter, MD | Internal Medicine | File reviewed and presented with no issues identified. | Approved |
| Datta, Swatti, MD | Internal Medicine | File reviewed and presented with no issues identified. | Approved |
| Davidovich, Michael, MD | Internal Medicine | File reviewed and presented with no issues identified. | Approved |
| Dixon, Kimberly, MD | Internal Medicine | File reviewed and presented with no issues identified. | Approved |
| Fairfan Mantilla, Nathalie, MD | Surgery/Colon Rectal | File reviewed and presented with no issues identified. | Approved |
| Haratau, Joana, MD | Internal Medicine | File reviewed and presented with no issues identified. | Approved |
| Imran, Muhammad, MD | Internal Medicine | File reviewed and presented with no issues identified. | Approved |
| Jabbar, Umair, MD | Internal Medicine | File reviewed and presented with no issues identified. | Approved |
| Kudaravalli, Padma, MD | Internal Medicine | File reviewed and presented with no issues identified. | Approved |
| Lee, Jhee, MD | Internal Medicine | File reviewed and presented with no issues identified. | Approved |
| Leeka, Deepak, MD | Internal Medicine | File reviewed and presented with no issues identified. | Approved |
| Licht, Sherry, MD | Internal Medicine | File reviewed and presented with no issues identified. | Approved |
| Mahapatra, Ena, MD | Internal Medicine | File reviewed and presented with no issues identified. | Approved |
| Mohiuddin, Reshma, MD | Internal Medicine | File reviewed and presented with no issues identified. | Approved |
| Norlock, Frances, MD | Internal Medicine | File reviewed and presented with no issues identified. | Approved |
| O'Brien, John, MD | Internal Medicine | File reviewed and presented with no issues identified. | Approved |
| Poku, Caroline, MD | Internal Medicine | File reviewed and presented with no issues identified. | Approved |
| Ruiz, Natalia PsyD | Psychiatry | File reviewed and presented with no issues identified. | Approved |
| Shariff, Ruhi, MD | Internal Medicine | File reviewed and presented with no issues identified. | Approved |
| Smith, Patrika, MD | Internal Medicine | File reviewed and presented with no issues identified. | Approved |


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BY THE QUALITY AND PATIENT SAFETY COMMITTEE
ON MARCH 22, 2019